

Arizona Department of Health Services Children's Rehabilitative Services Administration	Effective Date: 10/01/2007
SUBJECT: HIPAA	SECTION: HI 1.4
SUBTITLE: CRSA HIPAA Request for Confidential Communications	

PURPOSE:

To provide members of the Arizona Department of Health Services/Children's Rehabilitative Services Administration (ADHS/CRSA) with a mechanism to request alternative methods of receiving confidential communications.

POLICY:

The CRSA is a health plan designation, as defined by the Health Insurance Portability and Accountability Act (HIPAA) Regulations. The policy of ADHS/CRSA is to provide a member or their representative the means to request for confidential communications.

AUTHORITY:

45 C.F.R. §§ 160, 164, 164.522
A.R.S. § 36-104
A.R.S. §§ 36-261 - 265
A.A.C. §§ R9-7-101 - 701

APPLICABILITY:

To all ADHS/CRSA program workforce members, business associates, contract personnel, and other persons who officially represent the CRSA.

DEFINITIONS:

Arizona Department of Health Services (ADHS):
Agency designated as the public health authority for the State of Arizona. ADHS, as defined by HIPAA, is a hybrid-covered entity.

Arizona Health Care Cost Containment System (AHCCCS):
Agency that oversees the Medicaid services provided to the Arizona citizens.

ADHS HIPAA Compliance Officer:
Individual, appointed by the ADHS director or the director's designee, who as the designated officer that oversees agency-wide compliance for the HIPAA Privacy, Security, and Administrative Simplification Regulations, collaborates with health care components for response to HIPAA concerns or complaints, and provides advice to health care components in all matters related to HIPAA. The ADHS HIPAA Compliance Officer may designate a HIPAA Compliance Team member to collaborate with a health

care component. The ADHS HIPAA Compliance Officer may be used interchangeably with "HIPAA Compliance Office."

Children Rehabilitative Services Administration (CRSA):

A subdivision of the ADHS that is the contracted administrator for the Arizona Health Care Cost System Administration (AHCCCSA) and the state funded plan, which provides regulatory oversight of the Children's Rehabilitative Services (CRS) Regional Contractors and their delivery of health care services. ADHS/CRSA functions as a health plan under the ADHS hybrid entity.

CRSA includes a CRS program that provides for medical treatment, rehabilitation, and related support services to eligible individuals who have certain medical, handicapping, or potentially handicapping conditions that have the potential for functional improvement through medical, surgical, or therapy modalities.

CRS Member:

Individual, 21 years of age or younger, who is enrolled by the member's representative in either the AHCCCS or state funded CRS program and is eligible to receive defined health care services through the CRS Regional Contractors. The CRS member is the subject of Protected Health Information (PHI). The term "CRS Member" may be used interchangeably with the term "Representative."

CRSA HIPAA Privacy Official:

Person responsible for implementing all HIPAA Privacy information for ADHS/CRSA in collaboration with the ADHS HIPAA Compliance Officer for ADHS/CRSA.

CRS Regional Contractor:

Entity awarded a contract with ADHS/CRSA to provide medical treatment, rehabilitation, and related support services for enrolled CRS members.

Designated Record Set (DRS):

Set of collected and maintained eligibility and encounter records used or disseminated by ADHS/CRSA for purposes of member's eligibility and electronic encounter administration for medical, dental, and pharmacy related services provided by CRS Regional Contractors. The designated record set excludes quality assurance, peer review, oversight, or any other documents maintained by ADHS/CRSA for the operation of the program and its contractual relationship with AHCCCS or the CRS Regional Contractors.

Health Insurance Portability and Accountability Act (HIPAA):

Federal Public Law 104-191 of 1996 and the corresponding regulations developed by the United States Department of Health and Human Services that creates national standards for the privacy and security of protected health information and electronic billing standards to administer health care related claims.

Hybrid Entity:

Single legal entity: (1) that is covered, (2) the business activities include both covered and non-covered functions, and (3) that formally designates in writing which work areas are covered health care components of the hybrid entity.

Protected Health Information (PHI):

The individually identifiable health information that is maintained, collected, used, or disseminated by ADHS/CRSA, a HIPAA defined health plan, as it relates to the eligibility, claims administration, and ADHS/CRSA operations relating to a member's past, present, or future health or condition, provision of health care or future payment for the provision of health care.

Quality Management:

Review of the quality of health care provided to CRS members.

Representative:

Individual who is authorized, either by the member or by Arizona law, to make health care treatment decisions for the member when the member is unable to make treatment decisions. Member representative has this same meaning as personal representative under the HIPAA Privacy Regulations.

DIVISION OF PRIMARY POSITION OF RESPONSIBILITY:

Children's Rehabilitative Services Administration/HIPAA Privacy Official

SPECIAL NOTATIONS:

All timeframes are calendar days unless otherwise specified.

Unauthorized release of PHI or individually identifiable information will subject the individual releasing the information to the disciplinary procedures set forth by the Arizona Department of Health Services, Office of Human Resources, Level I, Disciplinary policy. The disciplinary action may include dismissal from state service.

PROCEDURES:

A. Request for Confidential Communications

1. A Request for Confidential Communications must be provided in writing. (See Attachment 1)
2. Upon receipt of a written request for confidential communications, CRSA will:
 - a. Date stamp the request with the date received,
 - b. Enter the request into the ADHS/CRSA tracking system,

- c. Enter a suspense date of thirty (30) days after the date of the receipt into the ADHS/CRSA tracking system, and
- d. Create a hard copy file of the request and store the file in a secured location until the request for confidential communications is completed.

B. Requestor's Identification Verification

- 1. Verify upon receipt of a written request the identity and authority of any individual requesting confidential communications before providing such disclosures and complete the following steps below:
 - a. Refer to the ADHS/CRSA Identification Reference for Protected Health Information document (See Attachment 2) for specific guidelines, and
 - b. Complete the ADHS/CRSA Verification and Authorization Checklist (See Attachment 3) for documentation.
- 2. Follow the ADHS/CRSA Identification Reference for Protected Health Information document for specific guidelines to ensure the requestor is positively identified as a representative of the ADHS/CRSA member for whom he/she is requesting confidential communications.

C. Determine to Grant or Deny Request for Confidential Communications

- 1. Grant or deny a request for confidential communications after taking into account the following factors:
 - a. The ability of ADHS/CRSA to make reasonable accommodation to comply with the request,
 - (1) The resources and time that would need to be devoted to comply with the request, and
 - (2) Whether the individual has provided an acceptable means of communication.
 - b. Whether the member states in the request that the disclosure of all or part of the information could endanger the member.
- 2. Collaborate with the ADHS HIPAA Compliance Officer regarding all decisions about requests for confidential communications.

D. Grant a Request for Confidential Communications

- 1. Grant or deny a request for confidential communications.

2. Review the reasons given by the member for the request with particular weight given to reasons of member safety such as abuse, including physical or mental abuse or neglect.
3. Notify the member, in writing, using an appropriate method of contact of the approved agreement and how the communication will be administered (See Attachment 4).
4. Log the notice to grant a Request for Confidential Communications into the ADHS/CRSA tracking system and place a copy in the hard copy file.

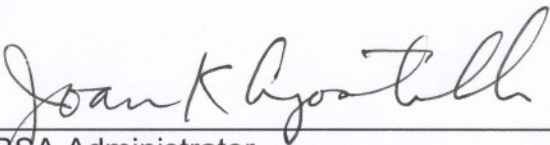
E. Denial of a Request for Confidential Communications

1. Collaborate with ADHS Compliance Officer or designee before sending denial letter.
2. Notify requestor, in writing, of a Denial of the Request for Confidential Communications. (See Attachment 5)
3. Send copy of the denial of Request for Confidential Communications to the ADHS HIPAA Compliance Officer.
4. Log the notice of denial for a Request for Confidential Communications into the ADHS/CRSA tracking system and place a copy in the hard copy file.

F. Documentation

1. Beginning April 14, 2003, documentation will be maintained for a minimum period of six (6) years from the completion of a request process for the following:
 - a. All HIPAA associated requests received from a member or that member's representative,
 - b. All communications relating to requests from each member or that member's representative, and
 - c. The titles of persons or offices responsible for responding to or researching information for requests and any communications associated with those requests.
2. During the request process, all requests and any communication associated with those requests will be stored as hard copy files in a secured location.

3. Upon completion of the request process, all hard copy documentation will be scanned into an electronic documentation file(s) and stored for one (1) year in a secured folder located in G:\HIPAA_Privacy.
4. At the end of the one (1) year, the electronic documentation file(s) will be copied onto a compact disc and the electronic file(s) will be deleted from the network G:\HIPAA_Privacy folder.
5. The compact disc will be stored for five (5) years in a secured file in the OCSHCN compressed filing room.
6. At the end of the required six (6) years retention period, the compact disc file(s) will be destroyed.
7. The HIPAA Compliance Officer or his/her designee will conduct an annual audit review of all logs to ensure compliance with this policy.

Approved:	Date:
 _____ CRSA Administrator	<u>9/24/07</u> _____

**Arizona Department of Health Services
Children's Rehabilitative Services Administration**

REQUEST FOR CONFIDENTIAL COMMUNICATIONS

Member's Name:

(Last) (First) (Middle Initial)

Member's Date of Birth:

_____/_____/_____
(mm) (dd) (yyyy)

Name of Person Requesting Confidential Communications (if other than member):

(Last) (First) (Middle Initial)

Relationship to Member:

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> Self (member) | <input type="checkbox"/> Parent/Legal Guardian of Minor Child | <input type="checkbox"/> Legal Guardian of Adult | <input type="checkbox"/> Health Care Power of Attorney | <input type="checkbox"/> Mental Health Care Power of Attorney |
| <input type="checkbox"/> Surrogate Decision Maker of Adult Patient (Spouse, Adult Child, Domestic Partner, Brother, Sister, or Close Friend) | <input type="checkbox"/> Personal Representative of Member's Estate | <input type="checkbox"/> CRS Provider | <input type="checkbox"/> Government Employee (i.e., Child Protective Services, Adult Protective Services, Arizona Health Care Cost Containment System) | <input type="checkbox"/> Other (please explain): |

Authority to Receive Arizona Department of Health Services/Children's Rehabilitative Services Administration (ADHS/CRSA) Information for the Member (Please check applicable authority):

- _____ Written Authorization from Member
- _____ Parent/Legal Guardian of Minor Aged Member
- _____ Health Care Decision Maker for Member (Mental Health Care Power of Attorney, Health Care Power of Attorney, or Surrogate Decision Maker)
- _____ Personal Representative of Member's Estate
- _____ Verbal Authorization from Member (valid for fourteen (14) days only)
- _____ Other (please explain): _____

**DOCUMENTATION OF AUTHORITY TO RECEIVE ADHS/CRSA INFORMATION MUST BE ATTACHED TO
REQUEST FOR CONFIDENTIAL INFORMATION FORM**

Requestor's Reason for Communication: _____

Verified by: _____
CRSA Health Insurance Portability and Accountability Act Privacy Official Name

Requested Method of Communication

- _____ Leave Voice Message at the following Number (include area code): _____
- _____ Call a Number Other than Home Phone Number (include area code): _____
- _____ Written Communication to be Sent to the Following Address: _____
- _____ Other (explain): _____

I am authorized to receive copies of the ADHS/CRSA Information file for _____
(Member's Name)

To request Confidential Communication for the member, I understand that I shall be required to provide identification and documentation for the authority to receive the member's information file. I confirm that disclosure of all or part of my protected health information could result in danger to me.

Requestor's Name

Date

Signature

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: SELF (MEMBER)

AND:

YOU MUST:

NEXT, YOU CAN:

The contact is by phone:

Verify the person is the member by asking for his/her:

- Full Name,
- Date of Birth,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

The contact is in person or a written request:

Ask for documentation verifying proof of identification. For contacts in person, preference is to see a document with a photograph. If you are unable to provide a document with a photograph, request a minimum of two documents from the lists below. A birth certificate is not an identity document. For written contacts, verify address on documentation matches address of record.

Some documents that are acceptable as proof of identity for a child are:

- Doctor, Clinic, or Hospital Record
- Religious Record (i.e., baptismal record)
- Daycare Center or School Record
- Adoption Record
- School ID Card

Some documents that are acceptable as proof of identity for an adult are:

- Driver's License
- Marriage or Divorce Record
- Military Record
- Employer ID Card
- Adoption Record
- Life Insurance Policy
- Passport
- Health Insurance Card (not a Medicare card)
- School ID Card

NOTE: All documents must be either originals or copies certified by the issuing agency.

Release information specific to his/her CRS coverage and answer any questions pertaining to any issues/concerns or grievances the member may have filed with ADHS/CRSA. *Do not evaluate diagnosis or treatment.*

– AND –

Document details of information released into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

AND:	YOU MUST:	NEXT, YOU CAN:
The contact is by phone and the member/child makes a mistake on the information (Name, Date of Birth, CRS Client ID number, or Additional piece of information) used to verify his/her identity.	<p><u>For contacts by phone:</u></p> <p>Explain to the requestor that the information does not match the information in the ADHS/CRSA data file (CRS Eligibility Screens). Ask him/her to repeat the information, and if incorrect, suggest that the requestor look at his/her ADHS/CRSA paperwork to find the correct information or ask someone (family or friend) to help him/her with this information.</p> <p><u>For contacts in person:</u></p> <p>Explain to the requestor that the documentation does not meet the requirements of verifying identification. Provide the requestor with a list of documents that meet the requirements and suggest that the requestor return with a minimum of two documents verifying identification.</p> <p><u>For contacts in writing:</u></p> <p>Notify the requestor in writing that the documentation does not meet the requirements of verifying identification. Provide the requestor with a list of documents that meet the requirements and ask that he/she forward to you are the copies of two valid documents verifying identification.</p> <p>If requestor states that there has been a change in information, advise him/her to contact the appropriate CRS Clinic and have the information updated. Do not disclose information until verification of identification has been established.</p>	<p>If the requestor <i>is able</i> to provide the correct information, release information specific to his/her CRS coverage and answer any questions pertaining to any issue/concern or grievance the member may have filed with ADHS/CRSA.</p> <p>– AND –</p> <p>Document details of information released into the ADHS/CRSA tracking system.</p> <p>If the requestor <i>is unable</i> to provide the correct information, YOU MAY NOT release any ADHS/CRSA information or answer any questions pertaining to the member.</p> <p>– NEXT –</p> <p>Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.</p> <p>– AND –</p> <p>Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.</p>

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

		REQUESTOR: PARENT OF MINOR CHILD
AND:	YOU MUST:	NEXT, YOU CAN:
It is clear that the parent is acting on the child's behalf.	Verify that the requestor's name matches the parent's name listed in the CRS file.	If the requestor <i>is able</i> to provide the correct information, release per the instructions listed under member.
(A request for information from a minor child's file by the child's parent is an access request that must be honored, as long as it is clear the parent is acting on the child's behalf.)	<p>– AND –</p> <p>Verify the identity of the minor child member by asking for his/her:</p> <ul style="list-style-type: none"> • Full Name, • Date of Birth, • CRS Client ID Number, and • One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable). 	<p>– AND –</p> <p>Document details of information released into the ADHS/CRSA tracking system.</p>
NOTE: Unless the court issues a separate custody order that allows only one parent to have authority over the child, divorced or separated parents have equal rights to access minor child's health information. The CRSA HIPAA Privacy Official can verify the legal guardianship if there is a doubt of the parent's legal custody status.	<p>– AND –.</p> <p>Verify the identity of the requestor by following the guidelines defined under Requestor: Self (Member) for documents acceptable as identification verification for in-person or written requests.</p>	<p>If the requestor <i>is unable</i> to provide the correct information, YOU MAY NOT release any ADHS/CRSA information or answer any questions pertaining to the member.</p>
		<p>– NEXT –</p> <p>Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.</p>
		<p>– AND –</p> <p>Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.</p>

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: LEGAL GUARDIAN OF MINOR CHILD OR MAJORITY AGED MEMBER

A.R.S. § 14-5201 et seq. - Guardians of Minors
A.R.S. § 14-5301 et seq. - Guardians of Incapacitated Persons (Majority Aged Member)

AND:

It is clear that the legal guardian is acting on the member's behalf.

To answer any questions via the telephone, you must have proof of the legal guardianship on file and the guardian's name must appear in the ADHS/CRSA data file (CRS Eligibility Screens).

YOU MUST:

Verify that the requestor's name matches the legal guardian's name listed in the CRS data file.

– AND –

Verify and obtain a copy of the court order (if one is not already on file) appointing the requestor as a legal guardian or a written and notarized statement that a court appointed the requestor as the member's guardian and that the appointment still is valid.

– AND –

Verify the identity of the member by asking for his/her:

- Full Name,
- Date of Birth,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

– AND –

Verify the identity of the requestor by following the guidelines defined under **Requestor: Self (Member)** for documents acceptable as identification verification for in-person or written requests.

NEXT, YOU CAN:

If the requestor *is able* to provide the correct information, release per the instructions listed under member.

– AND –

Document details of information released into the ADHS/CRSA tracking system.

If the requestor *is unable* to provide the correct information, **YOU MAY NOT** release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Identification Reference for Protected Health Information

REQUESTOR: HEALTH CARE OR MENTAL HEALTH CARE POWER OF ATTORNEY FOR ADULT MEMBER

A.R.S. § 36-3201(6) - Health care power of attorney is a written designation of an agent to make health care decisions that meets the requirements of A.R.S. § 36-3221 and that comes into effect and is durable as provided in A.R.S. § 36-3223(A).

A.R.S. § 36-3201(10) - Mental health care power of attorney is a written designation of an agency to make mental health care decisions that meets the requirements of A.R.S. § 36-3281.

AND:	YOU MUST:
It is clear that the person with the health care or mental health care power of attorney is acting on the member's behalf.	Verify that the requestor's name matches the health care or mental health care power of attorney name listed in the CRS data file and that a guardian or other legal representative has not been appointed. Contact legal counsel to determine who may make decisions if the member has more than one legally authorized decision maker.

To answer any questions via the telephone, you must have a copy of the health care or mental health care power of attorney on file and the individual named in the power of attorney appears in the ADHS/CRSA data file (CRS Eligibility Screens).

– AND –

Verify and obtain a copy of the health care or mental health care power of attorney (if one is not already on file) appointing the requestor as the health care or power of attorney and the power of attorney document is still valid.

– AND –

Verify the identity of the member by asking for his/her:

- Full name,
- Copy of health care or mental health care power of attorney;
- Confirmation by member's physician that member is incapable of acting on his/her own behalf,
- Date of birth,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

– AND –

Verify the identity of the requestor by following the guidelines defined under **Requestor: Self (Member)** for documents acceptable as identification verification for in-person or written requests.

NEXT, YOU CAN:

If the requestor *is able* to provide the correct information, release per the instructions listed under member.

– AND –

Document details of information released into the ADHS/CRSA tracking system.

If the requestor *is unable* to provide the correct information, **YOU MAY NOT** release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Identification Reference for Protected Health Information

REQUESTOR: SURROGATE DECISION MAKER OF ADULT MEMBER (WHO IS SPOUSE, ADULT CHILD, PARENT, DOMESTIC PARTNER, BROTHER, SISTER, OR CLOSE FRIEND) **

A.R.S. § 36-3201(13) - Surrogate decision-maker is a person authorized to make health care decisions for a patient by a power of attorney, a court order or the provisions of A.R.S. § 36-3231.**

A.R.S. § 36-3201(5) - Health care directive is a document drafted in substantial compliance with chapter 32, including a mental health care power of attorney, to deal with a person's future health care decisions.

AND:

It is clear that the surrogate decision-maker is acting on the member's behalf and following the member's health care directive, if such directive is available in the member's ADHS/CRSA data file or can be provided to CRSA by the surrogate.

To answer any questions via the telephone, whenever possible, you must have documentation in the member's data file that the surrogate decision-maker's identity has been verified by CRSA HIPAA Compliance Official.

YOU MUST:

Verify that a health care or mental health care power of attorney, guardian, or other legal representative has not been issued or is not in member's data file and there is a need to make health care decisions for the member, including disclosure of health care or mental health care information, for the benefit of the member who is incapable of making his/her own decisions.

– AND –

- Full Name,
- Confirmation by member's physician that the member is incapable of acting on his/her own behalf;
- Confirm the requestor's relationship with the member,
- Date of Birth of Member,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

** Confirm that requestor's relationship to the member on the following list and that requestor is highest on the priority following priority listed below of persons reasonably available to make health care/mental health care decisions on behalf of the member.

- A spouse, unless legally separated,
- An adult child or majority of adult children who are reasonably available for consultation,
- A parent,
- If unmarried, a domestic partner if no other person assumes financial responsibility,
- An adult brother or sister,
- A close friend (i.e., someone who exhibits special care and concern for the member, who is willing to become involved with the member's care and act in member's best interest, and who is familiar with the member's health

NEXT, YOU CAN:

If the requestor verifies priority and need to access information, release per the instructions from physician, as provided by member's health care/mental health care directive or as documented in the member's file. If no other information is available, release information only as requested by member's physician or mental health provider.

– AND –

Document details of information released into the ADHS/CRSA tracking system located in the G:\HIPAA Privacy folder.

If the requestor *is unable* to provide the correct information, **YOU MAY NOT** release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: SURROGATE DECISION MAKER OF ADULT MEMBER (WHO IS SPOUSE, ADULT CHILD, PARENT, DOMESTIC PARTNER, BROTHER, SISTER, OR CLOSE FRIEND) **

A.R.S. § 36-3201(13) - Surrogate decision-maker is a person authorized to make health care decisions for a patient by a power of attorney, a court order or the provisions of A.R.S. § 36-3231.**

A.R.S. § 36-3201(5) - Health care directive is a document drafted in substantial compliance with chapter 32, including a mental health care power of attorney, to deal with a person's future health care decisions.

AND:

YOU MUST:

NEXT, YOU CAN:

care views and desires).

ADHS/CRSA tracking system located in the
G:\HIPAA_Privacy folder.

– AND –

Verify the identity of the requestor by following the guidelines defined under
Requestor: Self (Member) for documents acceptable as identification
verification for in-person or written requests. Contact legal counsel to
determine who may make decisions if the member has more than one legally
authorized decision-maker.

Identification Reference for Protected Health Information

REQUESTOR: LEGAL REPRESENTATIVE AS DEFINED BY THE STATE

A.R.S. § 14-9101(8) – Legal representative is a personal representative or conservator.

A.R.S. § 14-9101(2) – Conservator is a person who is appointed or qualified by a court to manage the estate of an individual or who is legally authorized to perform substantially the same functions.

A.R.S. § 14-9101(11) – Personal representative is an executor, administrator, or special administrator of a decedent's estate, a person legally authorized to perform substantially the same functions or a successor to any of them.

AND:

Initially, these types of requests must come in as written requests in order to verify the relationship.

To answer any questions via telephone, you must have proof of the arrangement in the ADHS/CRSA data file (CRS Eligibility Screens).

YOU MUST:

Verify that the requestor's name matches the legal representative's name listed in the CRS data file.

– AND –

Verify and obtain a copy of the court order (if one is not already on file) appointing the requestor as legal representative or a written and notarized statement that a court appointed the requestor as the member's legal representative and that the appointment still is valid.

– AND –

Verify the identity of the member by asking for his/her:

- Full Name,
- Date of Birth,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

– AND –

Verify the identity of the requestor by following the guidelines defined under **Requestor: Self (Member)** for documents acceptable as identification verification for in-person or written requests.

NEXT, YOU CAN:

If the requestor *is able* to provide the correct information, release per the instructions listed under member.

– AND –

Document details of information released into the ADHS/CRSA tracking system.

If the requestor *is unable* to provide the correct information, **YOU MAY NOT** release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Identification Reference for Protected Health Information

REQUESTOR: A MAJORITY AGED OR EMANCIPATED MEMBER'S SPOUSE, RELATIVE, FRIEND OR ADVOCATE.

AND:

The request is by telephone and the **member gives verbal authorization** for you to speak with the caller. (The member does not have to remain on the phone during the conversation, or even be at the same place as the requestor – you may obtain the member's authorization to speak with the requestor via another line, three-way calling, or previously submitted written authorization.)

YOU MUST:

Verify the identity of the member by asking for his/her:

- Full Name,
- Date of Birth,
- CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

A verbal authorization on file is good for 14 days. The CRSA HIPAA Compliance Official may advise the member and the caller that if the member wants the requestor to receive information for more than 14 days, the member should send in a written HIPAA authorization form. (Verify current address of member and send the ADHS/DBHS authorization form.)

– AND –

Document into the ADHS/CRSA tracking system the name, address, phone number and relationship to the member of the requestor.

NEXT, YOU CAN:

If the requestor *is able* to provide the correct information, release per the instructions listed under member.

– AND –

Document details of information released into the ADHS/CRSA tracking system.

If the requestor *is unable* to provide the correct information, **YOU MAY NOT** release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

Arizona Department of Health Services
Children's Rehabilitative Services Administration

Identification Reference for Protected Health Information

REQUESTOR: A MAJORITY AGED OR EMANCIPATED MEMBER'S SPOUSE, RELATIVE, FRIEND OR ADVOCATE.

AND:

The request is by telephone and the member **is not available to give verbal authorization** for you to speak with the caller and there is no written authorization on file.

You have written authorization on file that allows you to give member-specific information to the requestor.

You have written authorization on file that has expired.

YOU MUST:

Advise the requestor that you may not give out any information without the member's authorization.
The requestor may call back at a later time with the member present to give authorization

– OR –

The member provides written authorization to allow the requestor to obtain information from his/her file.

Have the requestor provide the member's:

- Full Name,
 - Date of Birth,
 - CRS Client ID Number, and
- One additional piece of information such as social security number (SSN), address, phone number, or AHCCCS ID number (if applicable).

– AND –

Verify that written authorization for this requestor is on file and within the authorized time period (if specified). If unable to verify authorization, you must take the necessary steps to obtain current authorization, which may include contacting the member by phone and obtaining a verbal authorization or contacting the member by written communication.

Advise the requestor that the written authorization has expired.
Obtain verbal authorization and follow instructions for verbal authorization or provide the recipient with an authorization form and request a new authorization

NEXT, YOU CAN:

YOU MAY NOT release any ADHS/CRSA information or answer any questions pertaining to the member.

– NEXT –

Advise the requestor that the information is protected under the HIPAA Privacy Regulation and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.
If the requestor *is able* to provide the correct information, release information as allowed by the authorization (per the instructions in the recipient's file).

– AND –

Document details of information released into the ADHS/CRSA tracking system.

Unless you receive a verbal authorization or new written authorization, **YOU MAY NOT** release any information pertaining to the recipient.

**Arizona Department of Health Services
Children's Rehabilitative Services Administration**

Identification Reference for Protected Health Information

REQUESTOR: A MAJORITY AGED OR EMANCIPATED MEMBER'S SPOUSE, RELATIVE, FRIEND OR ADVOCATE.

AND:

YOU MUST:

NEXT, YOU CAN:

Advise the requestor that the information is protected under the HIPAA Privacy Regulations and it is for the recipient's protection that we will not release the information.

– AND –

Document details of information requested and reason for denying request into the ADHS/CRSA tracking system.

**Arizona Department of Health Services
Children's Rehabilitative Services Administration**

Identification Reference for Protected Health Information

REQUESTOR: CRS PROVIDER (CRS CLINIC)

AND:

The CRS Clinic employee provides the following information in order to identify the beneficiary in question:

- Full name of member
- Member's Date of Birth
- Member's CRS Client ID number
- One additional piece of information such as social security (SSN), address, phone number, or AHCCCS ID number (if applicable).

Ensure that the reason for the inquiry is related to the administration of that CRS Clinic, to the treatment of the member, or the payment for services provided to that member.

YOU MUST:

There are three ways that an ADHS/CRSA may verify that he/she is speaking with an employee of a CRS Clinic.

Both parties on the call look at the CRS Eligibility Screen for the member in question. The CRSA employee will name a field on the screen and ask that the CRS Clinic employee identify what is in that particular field.

– OR –

The ADHS/CRSA employee may ask for the CRS Clinic employee's phone number and call him/her back, making sure that the area code and exchange matches a listed phone number for that CRS Clinic. NOTE: Caller ID on the ADHS/CRSA telephone may be used to verify the area code and exchange in lieu of a callback.

– OR –

The ADHS/CRSA employee may take the name and number of the CRS Clinic employee, the name and number of his/her supervisor, the date and reason for the inquiry, and post this information in the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

ADHS/CRSA personnel will document in the HIPAA tracking system how the personnel verified the person's identity, either by retaining a copy of the documentation or by explaining what proof of identity and authority was used. NOTE: Verification of identification by an ADHS/CRSA employee can be omitted once that ADHS/CRSA employee has verified identification of the CRS Clinic representative.

NEXT, YOU CAN:

Release the member's ADHS/CRSA information relevant to the administration of that CRS Clinic's program, the treatment of, or payment for services provided to the member.

– NEXT –

Advise the requestor that any further information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested in the ADHS/CRSA tracking system located in the G:\HIPAA_Privacy folder.

**Arizona Department of Health Services
Children's Rehabilitative Services Administration**

Identification Reference for Protected Health Information

REQUESTOR: EMPLOYEE OF ANOTHER STATE AGENCY OR FEDERAL AGENCY

AND:

A State or Federal employee provides the following information in order to identify the beneficiary in question:

- Full name of member
- Member's Date of Birth
- Member's CRS ID number
- One additional piece of information such as social security (SSN), address, phone number, or AHCCCS ID number (if applicable).

Ensure that the reason for the inquiry is related to the administration of that agency's program.

YOU MUST:

Verify the identity of the State or Federal employee by: ADHS/CRSA personnel will ask to see an identification badge, official credential, or other proof of government status (such as a business card). If the request for the protected health information (PHI) is in writing, the official can demonstrate his or her official identity if the request is on the appropriate government letterhead.

– OR –

ADHS/CRSA personnel will see one of the following documents that establishes that the person is acting on behalf of the government agency:
(a) a written statement on government letterhead that the person is acting under the government's authority; or
(b) other evidence or documentation that the person is acting on behalf of the government agency, such as a contract for services, memorandum of understanding, or purchase order.

– AND –

Verify the authority of the State or Federal employee by obtaining one of the following documents or representations (written or oral):
(a) warrant, (b) subpoena, (c) court order, (d) other legal process issued by a grand jury or a judicial or administrative tribunal, (e) a written statement of the legal authority under which the PHI is requested, or (f) an oral statement of such legal authority accompanied by a government, administrative or judicial documentation that requests the PHI.

Questions regarding authority of requestor, authenticity of the request or ADHS/CRSA authority to disclose the requested information should be referred to the Attorney Generals Office.

NOTE: Verification of identification by an ADHS/CRSA employee can be omitted after the ADHS/CRSA employee has verified identification of the other State Agency's representative.

NEXT, YOU CAN:

Release the member's ADHS/CRSA information relevant to the administration of that agency's program, the treatment of, or payment for services provided to the member.

– NEXT –

Advise the requestor that any further information is protected under the HIPAA Privacy Regulations and it is for the member's protection that we will not release the information.

– AND –

Document details of information requested in the ADHS/CRSA tracking system of how the employee of another State or Federal Agency verified the person's identity, either by retaining a copy of the documentation or by explaining what proof of identity and authority was used.



Arizona Department of Health Services
Children's Rehabilitative Services Administration

VERIFICATION AND AUTHORIZATION CHECKLIST

Name of Member:

(Last) _____ (First) _____ (Middle Initial) _____

Member's Date of Birth:

_____/_____/_____
(mm) (dd) (yyyy) CRS ID # _____

Member's Address:

Street _____
City _____ State _____ Zip code _____

Name of Person Requesting Arizona Department of Health Services/Children's Rehabilitative Services Administration (ADHS/CRSA)
Designated Record Set:

(Last) _____ (First) _____ (Middle Initial) _____

Requestor's Address:

Street _____
City _____ State _____ Zip code _____

Relationship to Member:

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> Self (member) | <input type="checkbox"/> Parent/Legal Guardian of Minor Child | <input type="checkbox"/> Legal Guardian of Adult | <input type="checkbox"/> Health Care Power of Attorney | <input type="checkbox"/> Mental Health Care Power of Attorney |
| <input type="checkbox"/> Surrogate Decision Maker of Adult Patient (Spouse, Adult Child, Domestic Partner, Brother, Sister, or Close Friend) | <input type="checkbox"/> Personal Representative of Member's Estate | <input type="checkbox"/> CRS Provider | <input type="checkbox"/> Government Employee (i.e., Child Protective Services, Adult Protective Services, Arizona Health Care Cost Containment System) | <input type="checkbox"/> Other (please explain): _____ |

Method of Identification:

- ☐ Telephone ☐ In Person ☐ Written Request ☐ Other: _____
Description

Acceptable documents for verification of identification (check those provided):

For Child:

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Doctor, Clinic, or Hospital Record | <input type="checkbox"/> Religious Record (i.e., baptismal record) | <input type="checkbox"/> Daycare Center or School Record | <input type="checkbox"/> School ID Card | <input type="checkbox"/> Adoption Record |
|---|--|--|---|--|

For Adult:

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Military Record | <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Passport | <input type="checkbox"/> Adoption Record |
| <input type="checkbox"/> School ID Card | <input type="checkbox"/> Employer ID Card | <input type="checkbox"/> Marriage or Divorce Record | <input type="checkbox"/> Health Insurance Card (not a Medicare card) | |

Authority to receive the ADHS/CRSA Information for the Member (Please check applicable authority):

- | | | |
|---|---|--|
| <input type="checkbox"/> Written Authorization from Member | <input type="checkbox"/> Parent or Legal Guardian of Minor Aged Member | <input type="checkbox"/> Health Care Decision Maker for Member (Health Care Power of Attorney, Mental Health Care Power of Attorney, or Surrogate) |
| <input type="checkbox"/> Personal Representative of Member's Estate | <input type="checkbox"/> Verbal Authorization from Member (valid for fourteen (14) days only) | <input type="checkbox"/> Other (please explain): _____ |

DOCUMENTATION OF AUTHORITY TO RECEIVE Member's Personal Health Information MUST BE ATTACHED TO VERIFICATION IDENTIFICATION CHECKLIST

Identification Verified by:

CRSA Employee's Name _____

Date _____

Signature _____

Title _____

**ARIZONA DEPARTMENT OF HEALTH SERVICES
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
GRANT OF REQUEST FOR CONFIDENTIAL COMMUNICATIONS**

[DATE]

CONFIDENTIAL

$$\begin{bmatrix} 1 \\ 1 \\ 1 \end{bmatrix}$$

Dear _____ :

On _____, you made a request that the Children's Rehabilitative Services Administration (CRSA) use special confidentiality protections in its communications with you. You asked for the following:

[INSERT SPECIFIC REQUEST]

This is to inform you that CRSA granted your request listed above. We appreciate the opportunity to serve you. Please let me know if you have additional questions. I can be reached at _____.

Sincerely,

CRSA HIPAA Privacy Official

Cc: Request for Confidential Communications File

**ARIZONA DEPARTMENT OF HEALTH SERVICES
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
DENIAL OF REQUEST FOR CONFIDENTIAL COMMUNICATIONS**

[DATE]

CONFIDENTIAL

$$\begin{bmatrix} 1 \\ 1 \\ 1 \end{bmatrix}$$

Dear _____:

On _____, you made a request that the Children's Rehabilitative Services Administration (CRSA) use special confidentiality protections in its communications with you. You asked for the following:

[INSERT SPECIFIC REQUEST]

Unfortunately, we cannot grant your request. While we treat members' information in a confidential manner and want to meet our members' needs, we are unable to accommodate your request for special confidentiality. If you wish to discuss this matter further, please do not hesitate to call me at _____.

Sincerely,

CRSA HIPAA Privacy Official

Cc: Request for Confidential Communications File
bc: ADHS/HIPAA Compliance Officer